



July 15, 2016

Project No: **16-14204-JE -- Job Order Contract (JOC) RC-11**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **5:00 PM, WEDNESDAY, JULY 20, 2016.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to [jescalante@miamidade.gov](mailto:jescalante@miamidade.gov)**. If you have any questions, please contact me at (305) 375-3192.

Sincerely,

**Jhonnatan Escalante**  
**Capital Improvement Project Analyst**  
Miami-Dade County Internal Services Department  
Small Business Development Division  
111 NW 1st Street #19 Floor, Miami, FL 33128  
☎Office: (305) 375-3192 | 📠Fax: (305) 375-3160  
Email: [jescalante@miamidade.gov](mailto:jescalante@miamidade.gov)

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**VERIFICATION OF AVAILABILITY TO BID**

INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111    **FAX: 375-3160**

PROGRAM COORDINATOR: **Jhonnatan Escalante**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

**CONTRACT TITLE:**                    **Job Order Contract (JOC) RC-11**

**PROJECT NUMBER:**                **16-14204-JE/RC-11**

**Estimated Contract Amount:**   **\$1,000,000.00**

**(Scope of work and minimum requirements for this project is attached.)**

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Certification Expires: \_\_\_\_\_  
DATE

Telephone: \_\_\_\_\_    **\*\*\*Bonding Capacity:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

<b>Currently Awarded Projects (Name of Project and Owner)</b>	<b>Project Completion Date</b>	<b>Contract Amount</b>	<b>Anticipated Awards</b>

### **VERIFICATION OF AVAILABILITY TO BID**

**CONTRACT TITLE:**     **Job Order Contract (JOC) RC-11**

**PROJECT NUMBER:**                     **16-14204-JE/RC-11**

**ESTIMATED CONTRACT AMOUNT:**   **\$1,000,000.00**

#### **SCOPE OF WORK:**

The Trust is in process of issuing a solicitation for Job Order Contracts (JOC) to qualified roofing contractors to provide various construction-related services. The majority of the work will be performed at Jackson Main, South and North campuses. The majority scope of work shall be to accomplish various small- to medium-sized projects. The typical work is anticipated to include, but not to be limited to, projects such as: **roof replacements; miscellaneous roofing work; etc.**

## **Contractor Qualifications Questionnaire**

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: [jescalante@miamidade.gov](mailto:jescalante@miamidade.gov) or via fax (305) 375-3160 attention Jhonnatan Escalante.

\_\_\_\_\_ Proposer (PRIME) has been in business for at least three (3) years.

\_\_\_\_\_ Proposer (PRIME) has a minimum of three (3) successfully completed projects of similar Scope in roofing construction (MC)

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: \_\_\_\_\_

NAME OF REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(s) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE**

# SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Services":

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

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Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

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Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

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## REASONS & COMMENTS

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